

2009

Health System Reform Task Force Management

(Last Updated August 16, 2009)

2009 HEALTH SYSTEM REFORM TASK FORCE COMMUNITY WORKING GROUPS: MEMBERSHIP, ISSUES, FUNCTIONS, AND REPORTS

TASK FORCE: Will meet monthly on interim day to make policy decisions and evaluate the issues assigned by H.B. 188. The task force will request three community working groups to meet and make recommendations to the task force regarding specific issues assigned by the task force.

COMMUNITY WORKING GROUPS: Each group will be a multi-stakeholder group. The working groups will be given a list of specific tasks and issues and a time line for bringing recommendations back to the task force. The working groups may, with the approval of the task force chairs, create technical advisory groups to address issues assigned to the working groups by the task force. The working groups will supervise any technical advisory groups created and report working group recommendations to the task force. We expect each working group to provide specific findings and tangible ideas for our next step and feedback regarding the efficacy of our current reform efforts. Dates, times and locations of meetings for the community working groups will be published on the Office of Consumer Health Services website.

TECHNICAL ADVISORY GROUP: As described above, TAGs may be formed at the request of a community working group and with the approval of the task force chairs. The work and recommendations of TAGs should be supervised and vetted by their respective working groups and reported to the task force by the working groups, along with other working group recommendations.

COMMUNITY GROUPS AND ISSUES

COMMUNITY WORKING GROUP 1: AFFORDABILITY AND ACCESS

1. Health care delivery and payment reform
2. Administrative simplification
3. The UPP, CHIP and Medicaid programs (outreach, enrollment, cost effective utilization strategies, and pharmaceutical assistance programs)

Membership:

- Senator Gregory S. Bell
- Representative David Litvack
- Representative Merlynn T. Newbold
- Ms. Emma Chacon, Director, Bureau of Access, Division of Health Care Financing, Utah Department of Health (invited)
- Mr. Gordon Crabtree, Chief Financial Officer, University of Utah Hospitals and Clinics
- Mr. Bill Crim, Executive Director, Vice President of Community Impact and Public Policy, United Way of Salt Lake
- Ms. Judi Hilman, Executive Director, Utah Health Policy Project
- Ms. Tanji Northrup, Director, Health Insurance Division, Utah Insurance Department
- Mr. Jack Towsley, Vice President, MountainStar Healthcare
- Insurer representative (to be invited)
- Pharmaceutical Research and Manufacturers of America (PhRMA) representative (to be invited)

TECHNICAL ADVISORY GROUP 1A: Administrative Simplification

Membership:

Convened by the Insurance Department as required by H.B. 188. Membership should include at least:

- Regence BCBS, Altius, SelectHealth, Humana, United Healthcare, and Aetna;
- representatives with billing and payment experience from providers such as the University Health Care, MountainStar, IASIS Healthcare, and Intermountain Healthcare
- a physician representative;
- a health care clinic representative;
- a person from the state's Medicaid program with billing and payment system experience;
- a community advocacy representative; and
- a representative of the Utah Health Information Network familiar with the development of national standards for card-swipe technology for insurance cards.

Tasks:

1. Develop standards, including uniform use of terms, to make explanation of benefits statements more understandable.
2. Create a more efficient coordination of benefits process.
3. Establish a preauthorization process that is more real-time and meaningful.
4. Select a national standard for insurance benefit swipe cards and recommend ways to accelerate its use among insurers and providers.

Report to the task force:

Proposed rules or legislation should be presented to the task force by September 2009.

TECHNICAL ADVISORY GROUP 1B: Wellness and Healthy Behaviors

Membership:

Insurers in the state, including Regence BCBS, Altius, SelectHealth, Humana, United Healthcare, Molina, and PEHP; representatives of small and large employers; the Department of Health; health care providers; PhRMA (Pharmaceutical Research and Manufacturers of America); and a community advocacy representative.

Tasks:

1. How much do wellness programs and incentives affect short-term and long-term insurance costs in the small group market, large group market, and the self-insured market?
2. Why don't all insurers use wellness incentives such as reduced premiums, or reduced deductibles, copayments or coinsurance, to the full extent allowed by federal law (20% differential) for enrollees who reach wellness goals and maintain healthy lifestyles?
3. What can be done to more effectively promote healthy behaviors and wellness?
4. How can we improve disease management and compliance with appropriate treatments?

Report to task force: October, 2009

COMMUNITY WORKING GROUP 2: TRANSPARENCY - QUALITY-INFRASTRUCTURE

1. Accelerate the development and use of the infrastructure necessary to electronically access and exchange clinical health records, quality comparisons of health care providers and insurers, and the cost and pricing of medical procedures.
2. Explore the disclosure or regulation of insurer medical loss ratios (create a definition of medical loss ratio and determine whether ratios should be regulated or disclosed).
3. Wellness and healthy behaviors.

Membership:

- Senator Peter C. Knudson
- Senator Gene Davis
- Representative Bradley G. Last
- Representative Ronda Rudd Menlove
- Mr. Linn J. Baker, Chair, Board of Trustees, Utah Health Policy Project (invited)
- Dr. Brent James, M.D., Executive Director, Institute for Healthcare Delivery Research, Intermountain Healthcare
- Mr. Wesley Smith, Director of Public Policy, Salt Lake Chamber (invited)
- Health care providers (to be invited)
- Insurers representative (to be invited)

TECHNICAL ADVISORY GROUP 2A: Health Care Delivery and Payment Reform

Membership:

The demonstration project committee and process established through HealthInsight. All health care insurers in the market, including PEHP and Medicaid, should be invited to attend. Employers and health care providers should also be included.

Tasks:

1. Adopt a process to establish consensus for a broad-based demonstration project among health care stakeholders. (Health Insight recommends use of the Six Sigma process.)
2. Consider how to develop consensus for best practices and quality measures.
3. Establish recommendations for accelerating the acceptance and use of a broad-based demonstration project, which may include:
 - use of best practices;
 - health care payment and delivery reform; and
 - health care quality measures.

Report to Task Force:

Monthly progress reports and report including proposed demonstration project participants by October 2009 task force meeting.

TECHNICAL ADVISORY GROUP 2B: Infrastructure

Membership:

Members should have an understanding of the "all-payers database," the development of standards for the electronic exchange of clinical health information, and the roles of UHIN and the Health Data Authority. Members should include users of health data, including physicians, hospitals, clinics, insurers, and patients. Members should also include representatives of the Health Data Committee within the Department of Health and the Utah Health Information Network.

Tasks:

1. What can be done to accelerate the availability and use of risk-adjusted episodes of care data?
2. What can be done to accelerate the use and exchange of electronic health records?
3. What can be done by the state to make Medicaid and PEHP model third-party payers?

Report to Task Force:

Provide the task force with an initial report on the development of the all-payers database and standards for the electronic exchange of clinical health information. Provide recommendations to the task force by September 2009.

***COMMUNITY WORKING GROUP 3: OVERSIGHT AND IMPLEMENTATION -
Defined Contribution Market and Portal***

1. Monitor and facilitate the progress and development of the portal.
2. Monitor and facilitate the development of the defined contribution market.
3. Monitor and facilitate the development of the risk adjuster mechanism for the defined contribution market, including the 2012 expansion to large employers and greater product choices.
4. Explore the potential participation by PEHP and other association health plans in the defined contribution market in 2012.

Membership:

- Senator Wayne L. Niederhauser
- Representative Jackie Biskupski
- Representative Bradley M. Daw
- Representative James A. Dunnigan
- Ms. Natalie Gochmour, Chief Operating Officer, Salt Lake Chamber
- Mr. Scott Ideson, President, Regence BlueCross BlueShield of Utah
- Ms. Tanji Northrup, Director, Health Insurance Division, Utah Insurance Department
- Mr. Greg Poulsen, Senior Vice President, Intermountain Healthcare
- Mr. Michael Stapley, President and Chief Executive Officer, Deseret Mutual Benefits Association
- Health care provider representative

**TECHNICAL ADVISORY GROUP 3A: Risk Adjuster and Defined Contribution Market
Expansion to Large Employers****Membership:**

Large self-insured employers, large employers insured by state regulated health plans or with the assistance of third party administrators, the Office of Consumer Health Services, the Utah Insurance Department, state regulated health insurers, a representative from the Utah Defined Contribution Risk Adjuster Board, and a community advocacy representative.

Tasks:

1. What would be the most effective methods for rating and for risk allocation among insurance carriers when large employers join the defined contribution market?
2. Does the standard application for the defined contribution market need to be adjusted to efficiently incorporate large groups into the defined contribution market?
3. How would the risk adjuster mechanism need to be structured to provide a greater variety of plan choices in the defined contribution market?

4. What should be the role of the small employer group market once the defined contribution market is operational? Two years down the road? Five years down the road?
5. Is the portal being developed and implemented in accordance with the intent of H.B. 133 and H.B. 188?
 - Can the portal support the incorporation of large groups in the defined contribution market by 2012?
 - Is the information submitted by insurers sufficient for a consumer to make a purchasing decision?
 - What steps should be taken next to make the portal a vehicle for promoting the availability of affordable, portable, and flexible health plans?

Report to task force:

June report on the portal, including a demonstration of functionality. Progress reports to the task force in August and September. Final report to the task force in October.

TECHNICAL ADVISORY GROUP 3B: Pehp and Other Association Health Plans Participation in the Defined Contribution Market.

Membership:

PEHP, insurers participating in the defined contribution market, a business community representative, and a community representative.

Tasks:

1. How can the state use its role as a major purchaser of health insurance to encourage value-based purchasing of health insurance and health care services?
2. What legal and implementation issues are there if PEHP or other association health plans participate in the defined contribution market?
3. What steps should be taken next?

Report to Task Force:

Progress reports to the task force in August and September. Final report to the task force in October.

Community Work Group: Access and Affordability

Legislators

- Representative David Litvack
- Representative Merlynn Newbold

Invitees

- Jill Andrews
- Kelly Atkinson, Utah Health Insurance Association
- Barbara Boner, Pharmaceutical Manufacturers of America
- Korey Capozza, Voices for Utah Children
- Emma Chacon, Access of Bureau Director, Division of Healthcare Financing, Utah Department of Health
- Chris Cowley, President Utah Medical Association
- Bill Crim, United Way, Vice President Community Impact & Public Policy
- Kris Fawson, Policy Specialist for Utah Statewide Independent Living Council
- Dave Gessel, Utah Hospital and Health System Association
- Judi Hilman, Utah Health Policy Project
- Chet Loftis, Regence Blue Cross Blue Shield
- John T. Nielsen, Executive Director, Utah Health Insurance Exchange
- Tanji Northrup, Director of the Health Insurance Division, Utah Insurance Department
- Nancy Sechrest, Utah Ambulatory Surgery Center Association
- Cheryl Smith, Office of Consumer Health Services
- Jack Towsley, President, Mountain Star Healthcare
- Kim Wirthlin, Vice President of Government Relations, University of Utah Health Sciences
- DaNece Fickett, Davis Surgical Center

Staff

- Mark Andrews, Policy Analyst, OLRGC
- Cathy Dupont, Associate General Counsel, OLRGC
- Ben Beutler, Intern, OLRGC

AGENDA
ACCESS AND AFFORDABILITY
WORKGROUP

Thursday, May 28, 2009

- 1. Introduction of Workgroup Members and Staff**
- 2. Review of Workgroup Charge and Related Policy Issues**
- 3. Discussion of the Role of Technical Advisory Groups**
- 4. Future Meeting Schedule**
- 5. Other Business**

AGENDA
ACCESS AND AFFORDABILITY
WORKING GROUP

Thursday, September 10, 2009 · 10:45 a.m. - 12:30 p.m. ·
House Majority Caucus Room, State Capitol, Room 341

- (1) Receive reports from the following technical advisory groups:**
 - (a) Health and Wellness Technical Advisory Group;
 - (b) Administrative Simplification Technical Advisory Group; and
 - (c) Public Programs Outreach Technical Advisory Group.

- (2) Discuss and adopt recommendations to the Task Force.**

Administration Simplification
Technical Advisory Group
(TAG)

Technical Advisory Group: Administration Simplification

Legislators

- Representative Merlynn T. Newbold

Invitees

- Kelly Atkinson, Utah Health Insurance Association
- Korey Capozza, Voices for Utah Children
- Gordon Crabtree, CFO University of Utah Hospitals and Clinics
- Dave Davis, Utah Retailers Association (pharmacies)
- Kathy Delis, Administrative Director, Patient Billing & Financial Services, U of U Hospitals & Clinics
- Kris Fawson Policy Specialist for the Utah Statwide Independent Living Council
- Elizabeth Garbe, Utah Health Policy Project
- Dave Gessel, Utah Hospital and Health System Association
- Joe Krella, President & CEO of the Utah Hospital and Health Systems Association
- Frank Kyle, Altius Health Plans
- Chet C. Loftis, Regence Blue Cross, Blue Shield
- Beverly May, United Health Care Representative
- Michelle Mcomber, Government Relations, Utah Medical Association
- Paula Mcguire, Department of Health, Division of Health Care Financing
- Kade Minchey, Office of the Legislative Auditor General
- Jim Murray, SelectHealth
- Josh Nelson, Administrator, Granger Medical Clinic
- John T. Nielson, Executive Director, Utah Health Insurance Exchange
- Tanji Northrup, Director of Health Insurance, Utah Insurance Department
- Jan Root, Utah Health Information Network Division
- Cheryl Smith, Office of Consumer Health Services
- Teresa Rivera, Utah Health Information Network
- Shelley Teuscher, Utah Health Insurance Association
- Norman Thurston, Economist, Department of Health
- Matt West, Utah Medical Group Management Association
- Eliana White, Director of Government Relations, Select Health

Staff

- Mark Andrews, Policy Analyst, OLRGC
- Cathy Dupont, Associate General Counsel, OLRGC
- Ben Beutler, Intern, OLRGC

AGENDA
ADMINISTRATION SIMPLIFICATION
TECHNICAL ADVISORY GROUP

Wednesday, June 10, 2009 · 8:30 a.m. - 10:30 a.m. ·
State Capitol Room 341 (House Majority Caucus Room)

1. **Insurer's Update on Compliance with Section 31A-22-637 in HB 165**
2. **Insurer's, UHIN, and the Department of Insurance Report's on Card Swipe Technology**
3. **Coordination of Benefits Discussion - Ms. Tanji Northrup**
4. **Next Meeting Dates**

AGENDA

ADMINISTRATION SIMPLIFICATION TECHNICAL ADVISORY GROUP

Wednesday, June 17, 2009 · 2:00 p.m. - 4:45 p.m. ·
State Capitol Complex, East Senate Building, Spruce Room

1. **Follow-up on Discussion Regarding Provider Payment Simplification:**
 - Matt West and Josh Nelson (Granger Clinics and Wee Care) will provide top reasons given for insurance claims denials
 - Insurers (Select Health, Altius, Regence) will provide their data on top reasons for claims denial
 - Medicaid will provide data regarding how many of their claims are denied and top reasons for denials
 - Medicaid will provide data regarding the Emergency Program and codes that will be paid (as opposed to those codes that require a manual response and processing); and
 - Granger Clinics and Wee Care will talk with front office staff and try to determine the degree to which the patient check in procedures use current technology to interface with UHIN and the "270" information from insurers that is currently available.
Obstacles? Good? Bad?
2. **Preliminary Discussion Regarding Coordination of Benefits from the Utah Insurance Department**

AGENDA
ADMINISTRATION SIMPLIFICATION
TECHNICAL ADVISORY GROUP

Wednesday, July 8, 2009 · 8:30 a.m. - 10:30 a.m. ·
State Capitol Room 341 (House Majority Caucus Room)

1. **Coordination of Benefits**
 - Ms. Tanji Northrup, Utah Insurance Department

2. **UHIN Standardization of Reason Codes for Explanations of Benefits**
 - Ms. Teresa Rivera, UHIN

3. **Real-Time Eligibility**
 - Mr. Mike Margetts, Granger Clinic
 - Mr. Josh Nelson, Granger Clinic

4. **Next Meeting Schedule**

AGENDA
ADMINISTRATION SIMPLIFICATION
TECHNICAL ADVISORY GROUP

Thursday, August 13, 2009 · 8:30 a.m. - 10:30 a.m. ·
State Capitol Room 341 (House Majority Caucus Room)

1. **Update from UHIN**
 - Development of the Master Patient Lists
 - Standard EOB Reason Codes
 - Real Time Eligibility - Ms. Teresa Rivera

2. **COB - Insurance Department**
 - Discussion of the NAIC model, Utah modifications, and other US states' modifications of the NAIC - Ms. Tanji Northrup
 - Recommendations of the TAG

3. **Prepare a Report for the Task Force**

AGENDA
ADMINISTRATION SIMPLIFICATION
TECHNICAL ADVISORY GROUP

Thursday, September 10, 2009 · 8:30 a.m. - 10:30 a.m. ·
House Majority Caucus Room, State Capitol, Room 341

- (1) **Finalize recommendations from the administrative simplification technical advisory group to the Access and Affordability Working Group regarding:**
 - (a) coordination of benefit rules;
 - (b) standardization of claim adjudication reason codes and facilitation of adoption of uniform transaction standards;
 - (c) facilitating the use of real time eligibility information by providers;
 - (d) developing model language and notification procedures for medical insurance coverage in divorce decrees.

Wellness and Healthy Behaviors
Technical Advisory Group (TAG)

Technical Advisory Group: Wellness and Healthy Behaviors

Legislators

- Senator Gregory S. Bell

Invitees

- Kelly Atkinson, Utah Health Insurance Association
- Heather Borski, Bureau Director DOH/CFHS/BHP
- Korey Capozza, Voices for Utah Children
- Mike Creer, Ken Garff
- Candace Daly, CJD & Associates
- Jeremy Drecksell, Wellness Program Manager of the Public Employee Health Program
- Kris Fawson, Policy Specialist for the Utah Statwide Independent Living Council
- Elizabeth Garbe, Utah Health Policy Project
- Dave Gessel, Utah Hospital and Health System Association
- Leon Hammond, Utah Partnership for Healthy Weight
- Frank Kyle, Altius Health Plans
- Chet Loftis, Director of Public Policy & Government Relations, Regence Blue Cross Blue Shield
- Beverly May, United Health Care Representative
- Kade Minchey, Lead Legislative Auditor
- Reed Murdock, Pharmaceutical Research and Manufacturers of America
- Dr. John Nelson, Physician, Past President American Medical Association
- John T. Nielsen, Executive Director Utah Health Insurance Exchange
- Lex Olsen, Utah Cancer Society, Employer Wellness Programs
- Owen Quinonez, Director, Center for Multicultural Health
- Cheryl Smith, Office of Consumer Health Services
- Layne Sybrowsky, Wellness Coordinator of the Deseret Mutual Benefit Association
- Shelly Teuscher, Utah Health Insurance Association Representative
- Norman Thurston, Economist, Department of Health
- Catherine Wheeler, M.D., Former UMA President - Healthy Lifestyles Chair
- Eliana White, Director of Government Relations, Select Health Insurance Plans
- Douglas Younker, ICON Health and Fitness

Staff

- Mark Andrews, Policy Analyst, OLRGC
- Cathy Dupont, Associate General Counsel, OLRGC
- Ben Beutler, Intern, OLRGC

AGENDA
HEALTH AND WELLNESS
TECHNICAL ADVISORY GROUP

Wednesday, June 10, 2009 · 10:30 a.m. - 12:30 a.m. ·
State Capitol Room 341 (House Majority Caucus Room)

- 1. Insurer Report on the Insurer's Health and Wellness Program on Level the of Participation from Enrollees**
- 2. Review of the Federal Limits on Health and Wellness Programs**
- 3. Ways to Increase Effectiveness and Use of Health and Wellness Programs**
- 4. Next Meeting Schedule**

AGENDA
HEALTH AND WELLNESS
TECHNICAL ADVISORY GROUP

Wednesday, July 8, 2009 · 10:30 a.m. - 12:30 a.m. ·
State Capitol Room 341 (House Majority Caucus Room)

- 1. Presentation of Employer Wellness Programs**
 - Dr. Ronald Weiss M.D., M.P.A., President, ARUP Laboratory
 - Mr. Lex Olsen, Employer Wellness Program, American Cancer Society
- 2. Discussion of Cultural Competency Issues for Wellness Programs and the Technical Advisory Group**
- 3. Department of Health - Heather Borski**
 - a. presentation on the wellness and healthy behavior programs run by the Department of Health
 - b. a description of the Farmington Mass. healthy communities initiative
- 4. Report on Food Stamp and WIC Initiatives**
 - Ms. Korey Capozza
- 5. Next Meeting Schedule**

AGENDA
HEALTH AND WELLNESS
TECHNICAL ADVISORY GROUP

Wednesday, August 5, 2009 · 10:30 a.m. - 12:30 a.m. ·
State Capitol Room 341 (House Majority Caucus Room)

1. **WIC and Food Stamp Program - Mr. Korey Capozza**
2. **School Lunch Program Standards - Mr. Mark Andrews**
3. **Report from Health Insurers - Policy and Practice for Promoting and Paying for Nutrition Counseling and Health Coaches**
4. **Report to the Task Force:**
 - What can/should the Legislature do to promote health and wellness?
 - What can the Workgroup realistically focus on for this summer? What is the end goal?
4. **Next Meeting Schedule**

Public Programs Outreach
Technical Advisory Group (TAG)

Technical Advisory Group: Public Programs Outreach

Legislators

- Representative David Litvack

Invitees

- Kelly Atkinson, Utah Health Insurance Association
- Barbara Boner, Pharmaceutical Research and Manufacturers of America
- Kate Bradshaw, Representative of the March of Dimes
- Liz Cala, United Way Representative
- Korey Capozza, Voices for Utah Children
- Emma Chacon, Director of the Bureau of Access, Division of HCF
- Steve Cuthbert, Assistant Deputy Director, Divisions of Workforce Services
- Alan Dayton, Intermountain Healthcare
- Joyce Dolcourt, Legislative Coalition for People with Disabilities
- Kris Fawson, Policy Specialist for the Utah Statewide Independent Living Council
- Dave Gessel, Utah Hospital and Health System Association
- Kade Minchey, Legislative Auditor, Legislative Auditor General
- Brian Monson, Director of Strategic Planning, Molina Health Care
- Lincoln Nehring, Utah Health Policy Project
- John T. Nielson, Executive Director, Utah Health Insurance Exchange
- Alan Pruhs, Association of Utah Community Health Centers
- Gail Rapp, Director of Managed Health Care, Utah Department of Health
- Mike Siler, American Cancer Society
- Cheryl Smith, Office of Consumer Health Services
- Norman Thurston, Department of Health

Staff

- Mark Andrews, Policy Analyst, OLRGC
- Cathy Dupont, Associate General Counsel, OLRGC
- Ben Beutler, Intern, OLRGC

AGENDA
PUBLIC PROGRAMS OUTREACH
TECHNICAL ADVISORY GROUP

Monday, June 15, 2009 · 8:30 a.m. - 10:30 a.m. ·
State Capitol Room 341 (House Majority Caucus Room)

1. **Report on Current Outreach Efforts (Department of Health and Workforce Services)**
2. **Report from the Office of Consumer Health Services Regarding Efforts to Coordinate the State Portal with Government Programs**
3. **Group Discussion on Summer Study Items (Possible Ideas: Medical Homes in Public Programs, Eligibility for Public Programs and Assistance)**
4. **Future Meeting Dates**

AGENDA
PUBLIC PROGRAMS OUTREACH
TECHNICAL ADVISORY GROUP

Monday, July 6, 2009 · 8:30 a.m. - 10:30 a.m. ·
State Capitol Room 341 (House Majority Caucus Room)

1. **Report from the Department of Workforce Services E-Rep Program and One-Stop Application for Public Program Enrollment (Medicaid, CHIP and UPP)**
2. **Utah State Office of Education Report on Outreach for Medicaid, CHIP, UPP Enrollment**
3. **Medical Homes Model:**
 - Molina (public programs)
 - Community Health Centers
4. **Update on Federal Legislation**

AGENDA
PUBLIC PROGRAMS OUTREACH
TECHNICAL ADVISORY GROUP

Monday, July 27, 2009 · 8:30 a.m. - 10:30 a.m. ·
State Capitol Room 341 (House Majority Caucus Room)

1. **Information on Express Enrollment Options for CHIP and Medicaid -
Ms. Korey Capozza**
2. **Continue Medical Home Model Discussion**
 - Presentation by the State Medicaid Program's "Select Care Program" and the Healthy U Program.
3. **Discussion on Medicaid and mental Health and Pharmacy Services**
4. **Enrollment Outreach Efforts of the Board of Education and the Schools**
5. **Update on Federal Legislation**
6. **Next Meeting Schedule**

AGENDA
PUBLIC PROGRAMS OUTREACH
TECHNICAL ADVISORY GROUP

Monday, August 24, 2009 · 8:30 a.m. - 10:30 a.m. ·
State Capitol Room 341 (House Majority Caucus Room)

1. **Overview of state efforts for outreach and enrollment. (NCSL survey information)**
2. **State school board representative discussion of outreach efforts for CHIP enrollment.**
3. **Committee discussion of public program eligibility outreach:**
 - express eligibility
 - presumptive eligibility
 - removal of asset tests
 - state-mini grants
4. **Committee discussion of report to Access and Affordability Working Group**

Community Work Group: Transparency - Quality - Infrastructure

Legislators

- Senator Gene Davis
- Senator Peter C. Knudson
- Representative Ronda Rudd Menlove
- Representative Bradley G. Last

Invitees

- Jill Andrews
- Chet Loftis, Regence Blue Cross Blue Shield
- Cheryl Smith, Office of the Consumer Health Services
- Dr. Brent James, Executive Director for Intermountain Healthcare's Institute for Healthcare Delivery Research
- Christie North, HealthInsight
- Kelly Atkinson, Utah Health Insurance Association
- Dave Gessel, Utah Hospital and Health System Association
- Greg Poulsen, Senior Vice President, Intermountain Health Care
- Jeff Hawley, Department of Insurance
- Jan Root, Utah Health Information Network
- Jennifer Cannaday, Vice President of Public Policy, Regence Blue Cross Blue Shield
- Keely Cofrin Allen, Office of Healthcare Statistics
- Korey Capozza, Voices for Utah Children
- Linn Baker, Utah Health Policy Project
- Frank Kyle, Altius Health Plans
- Michelle McOmber, Government Relations, Utah Medical Association
- John T. Nielson, Executive Director, Utah Health Insurance Exchange
- Wesley Smith, Chamber of Commerce
- DaNece Fickett, Davis Surgical Center

Staff

- Mark Andrews, Policy Analyst, OLRGC
- Cathy Dupont, Associate General Counsel, OLRGC
- Ben Beutler, Intern, OLRGC

AGENDA

TRANSPARENCY, QUALITY, INFRASTRUCTURE WORKGROUP

Friday, May 29, 2009 · 9:00 a.m. - 11:00 a.m. ·
Room C250, State Capitol Complex

- 1. Quick Overview of the Workgroup's Charge**
- 2. Reports and Discussion on the Status of Current Efforts in Three Main Areas Assigned to the Workgroup:**
 - a. Payment and delivery reform - Ms. Christie North, Vice President, Utah Programs, Health Insight
 - b. Episodes of Care Data (all-payer claims database) - Ms. Keely Cofrin Allen, Director, Office of Healthcare Statistics, Department of Health
 - c. Electronic Exchange of Clinical Health Information - Ms. Jan Root, PhD., Executive Director, Utah Health Information Network
- 3. Future Workgroup Meetings - dates, agendas**

AGENDA

TRANSPARENCY, QUALITY, INFRASTRUCTURE WORKGROUP

Wednesday, June 17, 2009 · 2:00 p.m. - 4:00 p.m. ·
Room W325 House Building, State Capitol Complex

1. Incentives and Quality as a Driver of Cost

a. Discussion Points:

- i. How should health care organization and payment structures be modified to minimize perverse payment incentives, improve quality of care, and reduce costs?
- ii. On what scale will changes have to occur to make a sufficient difference in health spending?
- iii. What incentives or requirements must be in place (or removed) to promote adoption of the changes?
- iv. H.B. 165 charged the Office of Consumer Health Services (within the Governor's Office of Economic Development) to work through a neutral third-party entity to coordinate payment and delivery reform demonstration projects this year. At the last meeting, Christie North of HealthInsight provided an overview of the Utah Partnership for Value, the state's federally-designated charter value exchange, and its nine existing task forces working on health care reform. HealthInsight is a bidder for the OCHS neutral entity contract. Regardless of who is selected at the contractor, the Workgroup may be interested in exploring answers to several related questions:
 - A. What types of demonstration projects will likely be undertaken?
 - B. Realistically, how much capacity might the projects have to affect spending patterns if widely adopted?
 - C. What mechanisms might be necessary to promote the adoption of successful demonstration projects?

b. Introductory Comments:

- i. Dr. Brent James (Intermountain)
- ii. Christie North (HealthInsight)

c. Workgroup discussion (including all present at meeting)

d. Determine what the Workgroup should do next on these issues

2. Electronic Exchange of Clinical Health Information (cHIE)

a. Discussion Points:

- i. What can be done to facilitate and accelerate cHIE implementation?
- ii. What policy questions remain unresolved?
- iii. What are the proper roles of the Legislature and others in deciding those issues?

iv. What are the potential impacts of the American Recovery and Reinvestment Act (federal stimulus bill)?

b. Introductory Comments:

Dr. Jan Root (UHN)

c. Workgroup discussion

d. What's next?

Community Working Group: Oversight and Implementation

Legislators

- Speaker David Clark
- Senator Sheldon L. Killpack
- Senator Daniel R. Liljenquist
- Senator Wayne L. Niederhauser
- Representative Jackie Biskupski
- Representative Bradley M. Daw
- Representative James A. Dunnigan

Invitees

- Jill Andrews
- Mark Brown, SelectHealth Plans
- Korey Capozza, Voices for Utah Children
- Kris Fawson, Policy Specialist for Utah Statewide Independent Living Council
- DaNee Fickett, Davis Surgical Center
- Elizabeth Garbe, Utah Health Policy Project
- Dave Gessel, Utah Hospital and Health System Association
- Natalie Gochnour, Chief Operating Officer of the Salt Lake Chamber of Commerce
- Scott Ideson, President of Regence Blue Cross Blue Shield
- Jeff Jensen, Executive Director with Public Employees Health Plan, Utah Medical Association
- Michelle McOmber, Government Relations, Utah Medical Association
- Kade Minchey, Office of Legislative Auditor General
- Dr. Glenn Morrell, Incoming President UMA
- John T. Nielson, Executive Director, Utah Health Insurance Exchange
- Tanji Northrup, Insurance Department, Director of the Health Insurance Division
- Greg Poulsen, Senior Vice President Intermountain Health Care
- Nancy Sechrest, Utah Ambulatory Surgical Centers Associations
- Lisa Shick, Deseret Mutual Benefit Administrators
- Cheryl Smith, Office of Consumer Health Services
- Michael Stapley, President & CEO of Deseret Mutual Benefits Association
- Norm Thurston, Economist, Department of Health

Staff

- Mark Andrews, Policy Analyst, OLRGC
- Cathy Dupont, Associate General Counsel, OLRGC
- Ben Beutler, Intern, OLRGC

AGENDA

OVERSIGHT AND IMPLEMENTATION

WORKGROUP

Thursday, June 4, 2009 · 1:30 p.m. - 3:30 p.m. ·
State Capitol Room 341 (House Majority Caucus Room)

1. **A report from the Office of Consumer Health Services on:**
 - the RFP and progress on the portal in the individual, small group and defined contribution market;
 - an update on the aggregation of premium function for the defined contribution market;
 - update on assistance to employers regarding Section 125 plans.
2. **A report from the Insurance Department and the Office of Consumer Health Services regarding:**
 - the work of the risk adjuster board;
 - a brief tutorial on rating and risk adjuster factors in the small group market and how those might differ in the defined contribution market (for example, what is an age slope and how is it used by different insurers in the market - how might that change in the defined contribution market)
3. **Have a representative from the Public Employees Health Plan report on the following:**
 - a description of the different risk groups and members in PEHP; and
 - what issues would PEHP recommend the working group consider regarding PEHP participation in the defined contribution market.
4. **Future Meetings and Agendas**

AGENDA

OVERSIGHT AND IMPLEMENTATION

WORKGROUP

Wednesday, July 8, 2009 · 1:30 p.m. - 3:30 p.m. ·
State Capitol Room 341 (House Majority Caucus Room)

1. Office of Consumer Health Services Update:

- Utah Health Exchange
- Contractors and implementation dates
- Premium aggregator
- Capacity to compare plans in the Exchange on the basis of benefits, networks, wellness programs and incentives, and other features
- Capacity to compare insurers on the basis of payment timeliness, benefits denial, and solvency
- Links to cost and quality information on providers
- Links to government coverage programs
- Other
- Convener for payment and delivery reform
- Work with private sector to form an alliance to develop and use evidence-based quality measures
- Work with employers to use pre-tax employer contributions and premium aggregation
- Other executive branch implementation developments since last meeting June 11

2. Insurance Department

- Update on Utah Defined Contribution Risk Adjuster Board (issues under consideration and policy options discussed)

3. Mark Brown, Intermountain Healthcare and member of the Risk Adjuster Board

- Brief tutorial on rating and risk adjustment in the small group market and how that might differ in the defined contribution arrangement market (for example, definition and use of age slopes)

AGENDA

OVERSIGHT AND IMPLEMENTATION

WORKGROUP

Wednesday, August 12, 2009 · 1:30 p.m. - 3:30 p.m. ·
State Capitol Room 341 (House Majority Caucus Room)

1. **Consumer Health Services update on the development of the Utah Health Exchange: implementation date, capacity to compare plans, and quality measures/comparisons of companies and plans**
2. **Consumer Health Services continued:**
 - Marketing strategies for the defined contribution market
 - Details regarding the phased in enrollment for the defined contribution marking including projected employer and employee numbers for the phase in
3. **Insurance Department:**
 - Update on defined contribution risk adjuster board
 - Update on quality measures for the portal
4. **Continue the discussion regarding additional open enrollment period for the defined contribution market**



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June 23, 2009

Dear Workgroup Chairs,

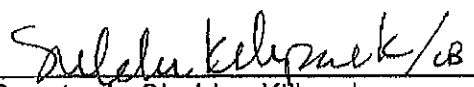
We want to thank you for the enthusiastic start you have given our Health System Reform Task Force work this summer. The dedicated efforts of each workgroup and the associated technical advisory groups are critical to our success this year. We are grateful for the participation of each member of these groups.

After reviewing the agendas of the many meetings already held by the workgroups and TAGs, we are reminded of the magnitude of the challenge we face and sense a need to provide some additional direction. We request that your workgroup, and any associated TAGs, prioritize the issues you were assigned in May and any others you have identified since. For each of those issues, we would like you to identify one or more questions to be answered and a date by when you hope to answer them. We would like to review these priorities and deadlines by July 15. We believe this process will help us stay on track and ensure that we devote our limited time this summer to the tasks of greatest value.


If there are issues or questions you cannot realistically deal with this year, perhaps you could identify those for us as well and they can become the starting point for future work.

Thank-you again for your devoted efforts.

Sincerely,



Senator L. Sheldon Killpack
Senate Chair
Health System Reform Task Force



Speaker David Clark
House Chair
Health System Reform Task Force

**POTENTIAL TASKS AND DEADLINES
FOR PRIORITIZATION BY THE WORKGROUPS AND TAGS
OF THE HEALTH SYSTEM REFORM TASK FORCE**

June 23, 2009

GROUP I. AFFORDABILITY AND ACCESS

- 1. TASK:** Create a more efficient coordination of benefits process

 - (a) refine Utah's rule to more closely parallel national standards
 - (b) increase the use of electronic submission and processing of coordination of benefits (through UHIN efforts to develop and use these standards)
 - (b) create consensus around the adoption of standard reason codes on the explanation of benefits to facilitate the electronic submission and processing of coordination of benefits and EOB (explanation of benefits)
 - (c) create educational information to inform insured individuals of the coordination of benefits process and the need to inform providers of all insurance coverage at the time of service
 - (d) identify legislation needed

TIME: Report by the August Task Force meeting, legislation in September

- 2. TASK:** Identify what needs to be done to facilitate the use of real time insurance eligibility information at point of service (not real time claims adjudication) and recommend any legislative steps that need to be taken

TIME: Report at August Task Force meeting, legislation in September

- 3. TASK:** Identify what needs to be done to increase insurance plan use of health and wellness premium and cost sharing incentives for healthy behaviors

TIME: Report to the Task Force with any needed legislation in September

- 4. TASK:** Determine whether legislative action is needed to encourage employers in the state to initiate employee wellness programs

TIME: Report to the Task Force in August and September with any needed legislation by October

- 5. TASK:** What can the Department of Workforce Services, the Department of Health, the public schools, and the state insurance exchange portal do to increase outreach and administrative simplification for enrollment in CHIP, UPP and Medicaid?

TIME: Report to the Task Force in August and September with any needed legislation in October

GROUP 2. TRANSPARENCY, QUALITY, AND INFRASTRUCTURE

- 1. TASK:** Identify what the Legislature and others can do to ensure, and accelerate if possible, the complete roll-out and the use of risk-adjusted episodes of care payment data (the all payers database)

TIME: Report to the Task Force in September with any needed legislation in October
- 2. TASK:** Identify what the Legislature and others can do to ensure, and accelerate if possible, the widespread use and exchange of electronic clinical health information

TIME: Report to the Task Force in September with any needed legislation in October
- 3. TASK:** Determine whether legislative action is necessary to facilitate the implementation of payment and delivery reform demonstration projects coordinated by the Office of Consumer Health Services through HealthInsight and, to the extent possible, identify the potential behavioral and financial impacts of those projects

TIME: Report to the Task Force in October with any needed legislation in November
- 4. TASK:** Identify what can be done to help Medicaid and PEHP become model third-party payers

TIME: Report to the Task Force in October with any needed legislation in November
- 5. TASK:** Identify ways in which the state could use its role as a major purchaser and funder of health insurance to encourage value-based purchasing of health insurance and health care services

TIME: Report to the Task Force in October with any needed legislation in November
- 6. TASK:** Identify potential legislative action in response to the health information technology funding opportunities available in the America Recovery and Reinvestment Act of 2009 (federal stimulus bill)

TIME: Report to the Task Force in October with any needed legislation in November
- 7. TASK:** Explore whether medical loss ratios should be capped

TIME: Report to the Task Force in October with any needed legislation in November

**GROUP 3. OVERSIGHT AND IMPLEMENTATION —
DEFINED CONTRIBUTION ARRANGEMENT MARKET AND PORTAL**

- 1. TASK:** Oversee and facilitate the Defined Contribution Risk Adjuster Board's creation and implementation of the risk adjuster mechanism for the defined contribution market

TIME: Report to the Task Force each month and alert the chairs at any time regarding issues

- 2. TASK:** Oversee and facilitate the Office of Consumer Health Service's creation and implementation of the insurance exchange portal

TIME: Report to the Task Force each month and alert the chairs at any time regarding issues

- 3. TASK:** Identify legal and practical issues that may inhibit participation by large employer groups and association plans in the defined contribution market, and propose solutions

TIME: Report to the Task Force in October with any needed legislation in November

- 4. TASK:** Explore the benefits and challenges of PEHP participating in the defined contribution arrangement market

TIME: Report to the Task Force in October with any needed legislation in November



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July 15, 2009

Speaker David Clark
1831 Red Mountain
Santa Clara, Utah 84765

Senator Sheldon Killpack
3406 South 875 West
Syracuse, Utah 84075

Dear Speaker Clark and Senator Killpack:

We received your letter dated June 23, 2009 in which you asked our Workgroup to report to you regarding our prioritization of study items and a date to report to the Task Force. The Oversight and Implementation Workgroup was assigned the task of monitoring the work of the Defined Contribution Risk Adjuster Board's development of a risk adjuster mechanism for the defined contribution market. The Workgroup was also asked to oversee the Office of Consumer Health Service's creation and implementation of the insurance exchange portal, and to study legal and practical issues related to opening participation in the defined contribution market to PEHP and other large groups and associations by January 2012.

The Workgroup met several times since the last Task Force meeting and will meet one more time before the August task force meeting. We have focused on the first two issues assigned to our Workgroup which are: (1) oversight and implementation of the defined contribution risk adjuster board, and (2) the insurance exchange portal. The issues related to these two items are complex and time consuming. The Workgroup believes that the best use of our time this summer is to first oversee the roll out of the defined contribution market to small employer groups. With this first step we hope to make sure that the defined contribution market is successful and works well before we turn our focus to expansion of the defined contribution market to PEHP or other large groups. 2009 General Session, H.B. 188 "Health System Reform - Insurance Market," opens the defined contribution market to large groups in January 2012. We believe that our analysis of expansion to large groups and PEHP can occur during the next interim period and will be better once we have some experience with the initial roll out of the defined contribution market.

The following is a brief summary of the issues we have addressed so far:

Defined Contribution Market.

1. How can we market the new defined contribution market so that it will be successful?
2. Should we have a phased in roll out of the defined contribution market with a second enrollment period in April 2009?
3. What is the best model for enrollment of employer groups into the defined contribution market - annual enrollment, quarterly enrollment, anytime?

We will be prepared to discuss these issues and recommendations from the Workgroup during the August task force meeting.

Risk Adjuster Board.

The Workgroup devoted some time to educating the members about basic insurance risk and rating factors in order for the group to better monitor the work of the Risk Adjuster Board. We received a report from the Office of Consumer Health Services and the Risk Adjuster Board at each meeting to become aware of any problems regarding implementation of the defined contribution risk adjuster mechanism. The work of the Risk Adjuster Board is still at the beginning stages and at this point we are not aware of specific issues or problems.

We will keep the Task Force informed as the risk adjuster mechanism is developed. There may be enough detail to discuss the risk adjuster methodology with the Task Force at the September meeting.

Insurance Exchange Portal.

We received reports from the Office of Consumer Health Services at each meeting regarding the development of the insurance exchange portal. We have provided guidance on the selection of separate vendors for the following: (1) product comparison and enrollment in the individual and small group market, (2) product comparison and enrollment in the defined contribution market, and (3) the banking function for premium aggregation and submission in the defined contribution market. We are monitoring the development and use of the uniform application for the insurance exchange portal and its ability to interface with E-Rep and government programs. We will hear reports at our next meeting regarding the development and use of insurer plan quality measures on the portal.

We can provide a report at the August meeting and follow up with further details in September and October.

We appreciate the guidance from the Task Force chair's regarding our Workgroup's efforts.

July 14, 2009

Page 3

Sincerely,

Representative James A. Dunnigan
Chair, Oversight and Implementation Workgroup

Senator Wayne L. Neiderhauser
Chair, Oversight and Implementation Workgroup



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July 16, 2009

Speaker David Clark
1831 Red Mountain
Santa Clara, Utah 84765

Senator Sheldon L. Killpack
3406 South 875 West
Syracuse, Utah 84075

Dear Speaker Clark and Senator Killpack:

We received your letter dated June 23, 2009 requesting the Affordability and Access Workgroup to prioritize the issues we are studying this summer and to provide you with a time line for reporting our results and recommendations to the Task Force. As you know, we split the Workgroup into three technical advisory groups which have met several times since the last Task Force meeting. The three technical advisory groups will each meet one more time before the August task force meeting.

We expect to have several recommendations ready to present in the August task force meeting, however, Rep. Newbold and Sen. Bell will be out of town for that meeting date. We would like to request permission to delay our report to the Task Force until the September meeting when Rep. Newbold and Sen. Bell are both in attendance.

The Affordability and Access Workgroup is prioritizing its agenda to fulfill the five tasks assigned from the Task Force. The following is a brief summary of our progress and focus to date:

A more efficient coordination of benefits process.

The Workgroup has agreed that Utah should follow a national model. We are currently examining how Utah varies from the national model, which is based on the NAIC model and is used by most states. The Workgroup is also focusing on increasing the use of electronic submission and processing of the coordination of benefits through the adoption of standard reason codes for claim denials. The use of standard reason codes is being worked on by UHIN with the help of the Workgroup. Finally, the Workgroup has identified the need for patient and provider education of the coordination of benefits. We are working with the insurance department to

July 16, 2009

Page 2

develop some standards for notice and education regarding the process.

We can have the report and any needed legislation ready by September.

Insurance eligibility information at point of service.

The Workgroup is coordinating with insurers and providers to increase the use of real time insurance eligibility information, which is currently available in an electronic format. The Workgroup is trying to determine if the current information is available in a timely manner and what can be done to get more providers to use the electronic eligibility information. Understanding the dynamics of the current electronic eligibility information is important for understanding and developing future use of card swipe technology.

A promising model for real time insurance eligibility comes from retail pharmacies. Mr. Dave Davis, representative for retail pharmacies, reported to the Workgroup that pharmacies already have a system for real time insurance eligibility information at the point of service. Mr. Davis informed the Workgroup that pharmacies only need a patient's name, birthday, and insurance company information to receive a patient's personal, insurance, and drug information in real time. Based on Mr. Davis' information, we know real time insurance eligibility information at the point of service is possible and currently being practiced in some areas.

We do not anticipate that legislation will be needed to facilitate the use of electronic real time eligibility at this time, but we think the oversight and encouragement of the Task Force is vital to this effort.

We will report on the progress on this issue in September.

Health and Wellness Programs.

The Workgroup is persuaded that "wellness" is a major key to our health care cost crisis. The Health and Wellness Technical Advisory Group has had a variety of presentations on health and wellness programs established by insurers and employers. In addition, we have discussed health and wellness programs in schools and communities. Although we reviewed some very impressive employer wellness programs, the employers have not tracked costs or data that prove the programs actually reduce costs. The Technical Advisory Group has also heard testimony that the uptake and success rate for smoking cessation programs is very low; and that the marketing/education parts of wellness are subtle, expensive, and not done best by government. We have also found that there is almost nothing organized for individual wellness programs outside of the workplace. We have been told by those that offer wellness programs that wellness and healthy behaviors requires a widespread cultural change in the home, the workplace, schools, and the community. The Workgroup's goal at this time is twofold: (1) to determine what steps the Legislature can take to encourage more employer health and wellness

July 16, 2009
Page 3

programs and (2) to encourage insurance plan usage of premium and cost sharing differentials for health and wellness programs (up to the 20% premium differential allowed by federal law). We plan to focus our Workgroup more directly on the role the Legislature may take to promote health and wellness programs for employers and for health insurance plans at the next meeting in August. After we develop recommendations on these two issues, we may begin discussing the role that communities and schools can play in promoting a culture of wellness and healthy behaviors.

We will be prepared to report to the Task Force in September.

Outreach and administrative simplification of public programs (CHIP, medicaid and UPP).

The Technical Advisory Workgroup's study of administrative simplification has focused on coordinating the E-Rep System in Workforce Services with the Utah Health Insurance Exchange. Our hope is to encourage the systems to develop standard applications that will interface so that an individual will be appropriately directed to either private insurance resources or government programs. In addition, the Workgroup is studying options for streamlining enrollment into public programs through several options, such as increased outreach in public schools and express enrollment through income tax filings.

This Workgroup may have recommendations ready by October.

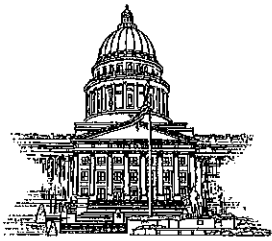
We welcome and appreciate your thoughts and suggestions for our Workgroup and the timeline presented.

Sincerely,

Representative Merlynn T. Newbold
Chair, Access and Affordability Workgroup

Representative David Litvack
Chair, Access and Affordability Workgroup

Senator Gregory S. Bell
Chair, Access and Affordability Workgroup



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August 12, 2009

Senator Sheldon L. Killpack,
Speaker David Clark,

RE: Transparency, Quality, and Infrastructure Workgroup Update

Mr. Chairmen:

We would like to update you on the work of the Transparency, Quality and Infrastructure Workgroup this interim and share with you our priorities for the remainder of the year and beyond.

OVERVIEW

Our workgroup has met three times this summer. We have focused our deliberations on three major issues outlined in our charge:

- (1) development, implementation, and use of standards for the electronic exchange of clinical health information;
- (2) development and implementation of the all-payer database; and
- (3) coordination of payment and delivery reform demonstration projects.

ELECTRONIC CLINICAL HEALTH INFORMATION EXCHANGE (cHIE)

SUMMARY The Utah Health Information Network has developed standards pursuant to 2008 legislation and is beginning to pilot data exchange in three locations—Moab, Box Elder County, and Cache County. Of the 168 physicians in these pilot areas, 161 have indicated they wish to participate in the pilots. Statewide implementation is expected to begin January 2010.

Although some Utah providers—primarily specialists—do not use electronic medical records, they will be able to participate in cHIE by using an EMR-lite product provided by UHIN as part of their cHIE membership. Electronic access to all EMR data by clinicians who attest to a treatment relationship with a patient will be the default patient-consent position but can be overridden at the direction of the patient at any time. Based on results elsewhere, it is expected that use of cHIE will lead to lower prescribing rates and decreased use of emergency departments.

LEGISLATIVE ACTION We are not aware of any action the Legislature should take at this time to facilitate or accelerate the widespread use of cHIE. However, this may change as the state continues to evaluate how to best take advantage of federal funding from the American Recovery and Reinvestment Act of 2009 for the acquisition and use of health information technology. In 2010 and beyond, the Legislature should continue to monitor the adoption of cHIE and its impact on the quality, organization, and cost of medical care.

ALL-PAYER DATABASE (APD)

SUMMARY In response to 2007 legislation, the Department of Health has been developing the capacity to produce risk-adjusted payment data for entire episodes of medical care. Ultimately, this data has the potential to improve quality of care and permit the realignment of payment and delivery structures.

Development of the APD is nearly complete. Data from 2007, 2008, and first quarter 2009 will be submitted by payers no later than mid-October to "prime" the system. The department will begin producing reports from the database in November or December.

LEGISLATIVE ACTION The Department of Health has invited the Legislature to help identify the types of APD reports that would be most useful. We will devote additional time during our remaining workgroup meetings to respond to this request. We encourage members of the Health System Reform Task Force and other legislators to also communicate any preferences they may have to the department as soon as possible.

During our remaining meetings this interim, we intend to explore how APD data could be used best to enable and accelerate the transformational changes in payment and delivery systems discussed in the following section. These uses include the identification of practice patterns that result in higher quality and lower cost care. We believe the Legislature should continue to monitor the APD in coming years to ensure it is used to its fullest potential.

PAYMENT AND DELIVERY REFORM DEMONSTRATION PROJECTS

SUMMARY In accordance with 2009 legislation, HealthInsight, the federally designated charter value exchange for Utah, is coordinating the design and implementation of pilot programs to test changes to how health care is delivered and paid for. Using a construction analogy, HealthInsight reports that it now is in the "rendering" (initial drawings) phase of its work, in October it will be in the "blueprints" phase, and in January, it should be in the "construction" phase.

Initially, HealthInsight is attempting to develop pilots that will redesign the payer and provider relationship by rewarding the delivery of high value care, rewarding teamwork, linking payment to improvement in health outcomes, not basing payment solely on volume, and rewarding the management of more severe patients. It expects to develop a statewide shared-savings model for payment that includes bundled payments, addresses quality, and focuses on areas of care likely to yield the greatest improvements.

LEGISLATIVE ACTION

Because the implementation of these pilot projects will fall outside the limited life of this workgroup, the Legislature should follow-up during the 2010 interim and beyond on the lessons learned and whether these pilots should be replicated in other settings. We know of no other action the Legislature should take at this time to accelerate the implementation of these payment and delivery reform projects. However, as the "blueprints" are finished later this fall, something may come to light which the Legislature could act upon during the 2010 General Session.

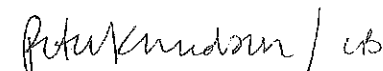
OTHER PRIORITIES FOR 2009 AND BEYOND

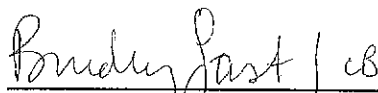
2009 INTERIM In addition to considering the potential uses of the all-payer database, we believe the Workgroup should devote the remainder of this interim to studying whether the Public Employees Health Program could do more to use various reform concepts like bundled payments, shared-savings models, tiered payment and cost sharing, premium differentials, prescription drug formularies, etc. to reduce cost, improve care, incentivize personal responsibility, and create individual and provider accountability. We suspect the Legislature could do more to allow PEHP to function as a laboratory for health care innovation.

2010 AND BEYOND Several other topics deserve attention in the future. Most have already been studied and acted upon to varying degrees, but each merits further consideration:

- Physician compensation practices that have the potential to create conflicts of interest
- Tort reform
- End-of-life care
- Hospital-acquired infections

Sincerely,


Peter C. Knudson
Senate Chair, Transparency, Quality, and
Infrastructure Workgroup


Bradley G. Last
House Chair, Transparency, Quality, and
Infrastructure Workgroup

AGENDA
HEALTH SYSTEM REFORM TASK FORCE
UTAH LEGISLATURE

Wednesday, May 20, 2009 • 10:45 a.m. • Room 250 State Capitol

Note: The audio portion of this meeting will be broadcast live over the Internet and an archived copy of the broadcast will be available at <http://www.le.utah.gov/asp/interim/Commit.asp?Year=2009&Com=TSKHSR>. Background materials will be posted at this same site as they become available.

- 10:45 1. Committee Business**
- Call to order
 - Approval of the minutes of the December 16, 2008 meeting
- 10:50 2. Introduction of Committee and Staff**
- 11:00 3. Past Accomplishments, Future Work**
- Review of 2008 legislation
 - Congressional hearing
 - Statutory charge for 2009
 - Proposed working groups
 - Additional study topics
- 12:20 4. Implementation Reports**
- Office of Consumer Health Services
 - Insurance Department
 - Other
- 12:45 5. Adjourn**

(Draft - Awaiting Formal Approval)
MINUTES OF THE
HEALTH SYSTEM REFORM TASK FORCE
Wednesday, May 20, 2009 – 10:45 a.m. – Room 250 State Capitol

Members Present:

Sen. Sheldon L. Killpack, Senate Chair
Speaker David Clark, House Chair
Sen. Gregory S. Bell
Sen. Gene Davis
Sen. Peter C. Knudson
Rep. Jackie Biskupski
Rep. Bradley M. Daw
Rep. Bradley G. Last
Rep. David Litvack

Rep. Ronda Rudd Menlove
Rep. Merlynn T. Newbold

Staff Present:

Mr. Mark D. Andrews, Policy Analyst
Ms. Catherine J. Dupont, Associate General Counsel
Ms. Chelsea Barrett, Legislative Secretary
Mr. Benjamin Beutler, Research Assistant

Note: A list of others present, a copy of related materials, and an audio recording of the meeting can be found at www.le.utah.gov.

1. Task Force Business

Speaker Clark called the meeting to order at 10:56 a.m.

MOTION: Chair Killpack moved to approve the minutes of the December 16, 2008 meeting. The motion passed unanimously with Sen. Davis and Rep. Biskupski absent for the vote.

2. Introduction of Committee and Staff

Speaker Clark introduced and welcomed Rep. Menlove and Rep. Last as new members of the Task Force. He introduced the Task Force's staff, Mr. Andrews, Ms. Dupont, Ms. Barrett, and Mr. Beutler.

3. Past Accomplishments, Future Work

Speaker Clark noted the importance of the Task Force's receiving feedback, both on what has already been done to reform health care and on efforts to chart a course forward. He briefly reviewed 2009 legislation pertaining to health care reform, including 2009 General Session H.B. 188, "Health System Reform," H.B. 331, "Health Reform - Health Insurance Coverage in State Contracts," H.B. 165, "Health Reform - Administrative Simplification," and S.B. 79, "Health System Reform - Medication Malpractice Amendments."

Chair Killpack commented on efforts to create a national single-payer system. He indicated that Utah can demonstrate that a system can be created that has lower costs and high quality, but that we don't have 10 years to find a solution.

Speaker Clark talked about his appearance before the U.S. Senate Committee on Health, Education, Labor, and Pensions on April 28, 2009 along with representatives of California, Massachusetts, and Vermont to speak about state health care reform efforts. He compared and contrasted the objectives and approaches of the three states.

Speaker Clark distributed and discussed "2009 Health System Reform Task Force Community Working Groups: Membership, Issues, Functions, and Reports." The document outlines a structure of three

workgroups and various technical advisory groups to assist the Task Force in its work this year. He noted that the three workgroups are not limited to the issues outlined in the document. He identified the legislators who will chair the workgroups and indicated that the workgroups are responsible for creating the technical advisory groups. He said that he hopes the five workgroups created last year will continue to meet as they have in the past.

In response to a question by Mr. Bill Lee, the Speaker explained that members of the public unaffiliated with a formal interest group may provide input to the Task Force through the community workgroups created last year by the Task Force and facilitated by the United Way, and through any of the new workgroups created this year.

Ms. Judi Hilman, Director, Utah Health Policy Project, thanked the Task Force for creating a workgroup structure this year built around issues rather than stakeholders.

Ms. Korey Capozza, Health Policy Analyst, Voices for Utah Children, noted her concern with the absence of patient and consumer representation on the Oversight and Implementation Workgroup. Ms. Dupont said that membership of the workgroups has not been finalized.

Ms. Dupont explained that the website of the Office of Consumer Health Services within the Governor's Office of Economic Development will be used to publish the meeting times and locations of the meetings of the workgroups and technical advisory groups.

Mr. Andrews noted that a revised copy of the workgroups document will be posted to the Task Force's website following the meeting with a couple of technical adjustments to the workgroups' duties.

4. Implementation Reports

Dr. Norman Thurston, Health Policy and Reform Initiatives Coordinator, Department of Health, distributed and explained "Status Update on Executive Branch Activities Related to Health System Reform." He reported that:

- contracts are being finalized for vendors to develop the Utah Health Exchange (the insurance portal);
- employees should be able to select plans from the Exchange by November;
- it is expected a convener for the development of payment and delivery reform demonstration projects will be selected by the first of June;
- the Utah Health Information Network is ready to begin implementation of the electronic exchange of clinical health information in Box Elder County, Cache County, and Moab;
- the first major submission of data to the all payers database will occur by September; and
- the Utah Department of Health has organized the Utah HIT Governance Consortium to prioritize proposals for use of funding from the America Recovery and Reinvestment Act of 2009 (the federal stimulus bill).

Ms. Tanji Northrup, Director, Health Insurance Division, Utah Insurance Department, reported that:

- standardized application forms for individual and small employer insurance will be implemented July 1;
- disclosure of producer compensation has been included on the individual form;

- the Department will work with insurers and providers to resolve the coordination of benefits issue; and
- appointments of six individuals to the Utah Defined Contribution Risk Adjuster Board will be considered by the Senate May 20 and the Board will hold its first meeting May 21.

Dr. Thurston said that the Office of Consumer Health Services website will include a comprehensive calendar of all meetings related to health system reform, including those of the Task Force and its subgroups and those of the executive branch. He encouraged for profit and not-for-profit entities to also list their meeting information on the website.

Rep. Daw encouraged the Task Force to read an article mailed to them prior to the meeting, "A Prescription for American Health Care," by John Goodman, and said that the article includes some examples of how services can be provided at a much lower cost. He said doctors and hospitals need to be given the opportunity to repackage and reprice their services.

Sen. Bell and Speaker Clark both indicated it would be worth looking at North Carolina's use of medical homes. Ms. Kim Wirthlin, Vice President, University of Utah, said that Dr. Michael Magill, Department of Family and Preventive Medicine, University of Utah School of Medicine, could speak to the Task Force about the use of medical homes in other states, including North Carolina.

Sen. Bell said that he is intrigued by Kaiser Permanente and would like to explore that model.

5. Adjourn

MOTION: Sen. Knudson moved to adjourn the meeting. The motion passed unanimously.

Speaker Clark adjourned the meeting at 12:01 p.m.

AGENDA
HEALTH SYSTEM REFORM TASK FORCE
UTAH LEGISLATURE

Wednesday, August 19, 2009 • 2:00 p.m. • Room 250 State Capitol

Note: The audio portion of this meeting will be broadcast live over the Internet and an archived copy of the broadcast will be available at <http://www.le.utah.gov/asp/Interim/Commit.asp?Year=2009&Com=TSKHSR>. Background materials bill posted at this same site as they become available.

Approximate
Time Frame

- | | |
|-------------|--|
| 2:00 | 1. Committee Business <ul style="list-style-type: none">• Call to order• Approval of the minutes of the May 20, 2009 meeting |
| 2:05 | 2. Overview of Task Force Workgroup Structure <ul style="list-style-type: none">• Staff• Speaker David Clark• Senator Sheldon L. Killpack |
| 2:20 | 3. Reports from Workgroups <ul style="list-style-type: none">• Report by the Oversight and Implementation Workgroup• Report by the Transparency, Quality, and Infrastructure Workgroup |
| 4:00 | 4. Federal Health Care Reform <p style="margin-left: 20px;"><i>The Committee will review the status of federal health care reform legislation and its potential impact on Utah reform efforts.</i></p> <ul style="list-style-type: none">• Overview by staff• Committee discussion |
| 5:00 | 5. Adjourn |